

**KENTUCKY BOARD OF LICENSURE FOR
OCCUPATIONAL THERAPY**

P. O. Box 1360
Frankfort, KY 40602
(502) 564-3296 x237
<http://finance.ky.gov/bot/>

FOR OFFICE USE ONLY

SS#:

License Type:

Date: _____

2006 ANNUAL RENEWAL APPLICATION

☐ Check here if name or address has changed from above.

319A.160 of the Kentucky Revised Statutes requires each licensed occupational therapist and occupational therapy assistant to renew his or her license by June 30th of each year. Your current license will expire **June 30, 2006**. Failure to renew your license shall constitute sufficient cause for termination of licensure. **Licenses not renewed by August 30, 2006 (includes 60 day grace period) will terminate and you are hereby advised at such time you must CEASE AND DESIST the practice of occupational therapy in Kentucky.**

FOLLOW THESE INSTRUCTIONS AND FILL IN ALL BLANKS:

- Complete this form by filling in the information requested below. Incomplete forms **will be** returned.
- Attach the appropriate renewal fee: Forms received without the appropriate fee **will be** returned. ***Make check or money order payable to the Kentucky State Treasurer. DO NOT SEND CASH.***
Renewals mailed on or before June 30; (must be postmarked on or before June 30): Active OT -\$50.00; Active OTA - \$35.00; Inactive OT or OTA - \$10.00
Renewals mailed July 1 – August 30 - (must be postmarked on or before August 30): Active OT or OTA -\$75.00; Inactive - \$10.00
- Complete the backside of this renewal application for continuing competence unit credit. Each occupational therapist and occupational therapy assistant must complete twelve (12) continuing competence units obtained during the period of July 1, 2004 to June 30, 2006. The board will require documentation of obtained continuing competence units if you are audited. DO NOT attach documentation of continuing competence unless you are requested to do so. **We cannot accept units that have not been earned. You must wait to file your renewal until after all requirements are met.**
- Return this form with your check or money order to the address listed above on or before June 30, 2006. **Any form, which is returned due to incomplete or incorrect information, will be subject to late penalties if not returned by the deadlines stated above.**

TO BE COMPLETED BY ALL LICENSEES, Incomplete forms will be returned: (Please Print)

Name: _____ Social Security # _____ License #: OT _____ OTA _____

Home Address:

Street or Box number	City	State	Zip Code	COUNTY
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Present Business Address:

Name of Company	Street or Box number	City	State	Zip Code
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Home Phone: _____ Business Phone: _____ E-Mail: _____

Have you been charged with, convicted of or pled guilty to a felony since your last renewal of Kentucky license?

- [] Yes (Attach documentation)
[] No

Have you had disciplinary action taken against you or pending against your occupational therapy or occupational therapy assistant license in any other state or jurisdiction since your last renewal?

- [] Yes (Attach documentation including a certified copy of the final disciplinary action taken against you.)
[] No

The backside of this application MUST be completed. Incomplete applications WILL be returned.

Each licensee shall obtain a minimum of twelve (12) continuing competence units during the 2006 annual renewal period. All units shall be in or related to the field of occupational therapy. Each occupational therapist or occupational therapy assistant is responsible for securing documentation to support proof of units completed.

List below the units of continuing competence obtained, INCLUDING COMPLETE DATE AND UNITS COMPLETED. Incomplete forms will be returned. DO NOT attach documentation unless you are audited. It is your responsibility to maintain all documentation.

List Name of Activity & Qualifying Activity # as listed in 201 KAR 28:200	Date(s) M/D/Y Completed	Units Earned 12 Total

Total CC units completed July 1, 2005 to June 30, 2006 = _____
Total CC units completed during current renewal and grace period (July 1, 2006 to August 30, 2006)= _____

If you are a licensed Occupational Therapist please list all Occupational Therapy Assistants that you are the supervisor for. If you are a licensed Occupational Therapy Assistant, please list the name(s) of your current supervisor(s). Please check the box “FT” if they are “Full Time”, or “PT” if they are “Part Time”.

	FT <input type="checkbox"/> PT <input type="checkbox"/>		FT <input type="checkbox"/> PT <input type="checkbox"/>
	FT <input type="checkbox"/> PT <input type="checkbox"/>		FT <input type="checkbox"/> PT <input type="checkbox"/>
	FT <input type="checkbox"/> PT <input type="checkbox"/>		FT <input type="checkbox"/> PT <input type="checkbox"/>
	FT <input type="checkbox"/> PT <input type="checkbox"/>		FT <input type="checkbox"/> PT <input type="checkbox"/>

Please mark the appropriate box:

- ☐ Remaining on active status. **Fee required. (OT \$50/OTA \$35) Continuing Competence Units must be listed above.**
- ☐ Requesting termination. **No fee required. No Continuing Competence Units required.**
- ☐ Requesting an inactive status. **Fee required (OT/OTA \$10). No Continuing Competence Units required.**
REMINDER: Persons on inactive status shall not practice Occupational Therapy KRS 319A.160 (10).
- ☐ Requesting to return to an active status from an inactive status. **Fee required. (OT \$50/OTA \$35) Continuing Competence Units as required by 201 KAR 28:200 Section 2 (3) must be listed above.**
- ☐ Currently on an inactive status. **Fee required. (OT/OTA \$10) No Continuing Education required.**

I hereby certify that all information provided by me on this form is true and complete to the best of my knowledge.
(Signature is required. Forms not signed will be returned and subject to late penalties if not returned by the deadlines stated.)

Signature: _____ **Date:** _____

AUDIT REVIEW - FOR BOARD MEMBER USE ONLY

Application Approved by: _____ Date: _____
Application Denied by: _____ Date: _____
Resubmitted for review: Approved: ☐ Denied: ☐ By: _____ Date: _____
Comments: _____

OCCUPATIONAL THERAPY ASSISTANT SUPERVISION SURVEY

This survey was designed to gather information to develop a better understanding of how OTA/L's are being supervised within the Commonwealth of Kentucky. If you would prefer, the survey can be submitted to the board office anonymously, under separate cover. Questions concerning this survey may be addressed to the board office at 502-564-3296 ext. 237.

Please review these excerpts from the Laws and Regulations relating to licensure as an Occupational Therapist, and then answer the questions.

(A complete version of the statutes and regulations can be found at: <http://finance.ky.gov/bot/>)

201 KAR 28:130. Supervision of Occupational Therapy Assistants (Relates to KRS 319A.010 (4))

Definitions

1. "Face to Face supervision" means being physically present in the room and being able to directly communicate an individual while observing and guiding the activities of that individual (direct observation, co-treatment, dialogue, teaching, and instruction.)
2. "General Supervision" means an interactive process for collaboration on the practice of occupational therapy which includes the review and oversight of all aspects of the services being provided by the individual under supervision.

General Policy Statement for Supervision

1. The OT/L shall have the ultimate responsibility for occupational therapy outcomes. Supervision shall be a shared responsibility.
2. The supervising OT/L shall have a legal and ethical responsibility to provide supervision and the supervisee shall have a legal and ethical responsibility to obtain supervision.
3. Supervision by the OT/L of the supervisee's provision of occupational therapy services shall always be required, even when the supervisee is experienced and skilled in a particular area.

Supervision of Licensed Occupational Therapy Assistants

1. The supervisor shall provide no less than four hours per month of general supervision for each occupational therapy assistant which shall include no less than two hours per month of face-to-face supervision.
2. The amount of supervision shall be prorated for part time OTA/L's.

Documentation Requirements

1. The supervising OT/L and individuals under supervision shall maintain a supervising OT/L's log which will document: (1) The frequency and type of supervision provided. (2) The process of supervision utilized, such as observation, dialog, and discussion, and instruction techniques employed.
2. A supervising OT/L shall not have more than the equivalent of three full time OTA/L's under supervision at any one time.

Questions:

1. If you are an Occupational Therapist, how many OTA/L's do you supervise? _____. If you are an Occupational Therapy Assistant, how many OT/L's do you have supervising you?: _____
2. How do you keep documentation records supervision provided as required above?
☐ Calendar log with check off boxes for type & process of supervision, as well documentation of the amount of supervision?
☐ Journal or log book
☐ Other:
